MoH Logo

YF Surveillance and Testing Form
(see back for instructions)

Other Logo

TO BE FILLED AT CENTRAL LEVEL

EPI number ___ ___ ___ ___ ___ ___
Country | Admin 1 | Admin 2 | Year | Case No.

Date of Notification ____/____/_____
DD MM YYYY

TO BE FILLED BY REQUESTING HEALTH WORKER

Reporting Health Facility Information:

Date seen at Health Facility ___/___/____
DD MM YYYY

Reporting Facility: _____ **Facility Contact:** Name _____ Best telephone No. _____

Reporting Country _____ **Region** _____ **Health District** _____

Case location:

Patient Residence District:_____**Town/City/County**_____ **Rural** ☐ **Urban** ☐

Patient information:

Family Name:	**First Name(s):**	**Status** Dead ☐ Alive ☐ Recovered ☐ Unknown ☐
Sex: Male =1 Female =2 None =9 ☐	**Date of Birth:** ___DD___ / ___MM___ /___YYYY___	**Age:** ___YEARS___ /___MONTHS___
Patient home address: _____	**Patient telephone number:** _____ **Check if parents' telephone** ☐ Parents' name if applicable _____	
Was patient elsewhere during 2 weeks before symptom onset? Yes ☐ No ☐ **If yes, where?**_____		

YF Vaccination information:

Is patient vaccinated for YF? Yes, proof ☐ Yes, no proof ☐ No ☐ Unknown ☐ **If yes, latest vaccination:** ___/___/_____
DD MM YYYY

History of Illness:

Date of onset of symptoms: _____/_____/_____ DD MM YYYY	**Link to a confirmed YF case** Yes ☐ No ☐ Unknown ☐
Fever during illness? Yes ☐ No ☐ **If yes, date started** _____/_____/_____ DD MM YYYY	**Jaundice during illness Yes** ☐ **No** ☐ **If yes, date started** ____/____/_____ DD MM YYYY
Hospitalized? Yes ☐ No ☐ **If yes, date** ____/____/_____ DD MM YYYY **Hospital name and address** _____	

Specimen information:

Specimen type: **Serum** ☐ **Plasma** ☐ **Whole blood** ☐ **Other:** ☐ Specify:_____

Date specimen obtained: _____/_____/_____
DD MM YYYY

Date sent to National Lab: _____/_____/_____
DD MM YYYY

COPY FORM AND SEND WITH SPECIMEN TO LABORATORY (please ensure tube information and forms match)

TO BE FILLED BY LABORATORY

Do not leave fields blank – if data unavailable enter N/A

Date specimen received at National Lab: _____/_____/_____
DD MM YYYY

Specimen in good condition on arrival at National Lab?: Yes ☐ No ☐

TEST TYPE	**RESULT** (Circle test result)
YF IgM Rapid Test	POS NEG Indeterminate Not done Pending
YF IgM ELISA only if rapid test NEG	POS NEG Indeterminate Not done Pending
YF RT-qPCR	POS NEG Indeterminate Not done Pending
YF Other (specify)_____	POS NEG Indeterminate Not done Pending

Date results transmitted to District _____/_____/_____
DD MM YYYY

Date results transmitted to Clinic _____/_____/_____
DD MM YYYY

DISTRICT SHOULD BE INFORMED IMMEDIATELY IN THE EVENT OF ANY PRESUMPTIVE OR CONFIRMED POSITIVE LABORATORY INTERPRETATION – DO NOT WAIT FOR CONFIRMATORY TESTING RESULTS

INTERPRETATION – LABORATORY ONLY

According to YF Testing Algorithm for Routine Surveillance or Outbreak (Check one)

- ☐ PRESENCE OF YF IgM IN A VACCINATED INDIVIDUAL. Interpret with care, considering clinical presentation & epidemiological context
- ☐ PRESUMPTIVE EVIDENCE OF ACUTE YF INFECTION OR OF VACCINATION. CONFIRMATORY & DIFFERENTIAL TESTING RESULTS PENDING*
- ☐ INCONCLUSIVE. Infection cannot be ruled out. Please collect new specimen ≥10 days post onset of illness
- ☐ CONFIRMED YF INFECTION
- ☐ EXCLUDE YF INFECTION

***COPY FORM AND SEND WITH SPECIMEN TO YF REGIONAL REFERENCE LABORATORY FOR CONFIRMATORY TESTING AS NEEDED**

TO BE FILLED BY CASE CLASSIFYING COMMITTEE:

Date of final classification (DD/MM/YYYY):
____/____/_____

Final YF Case Classification:
Probable ☐ Confirmed ☐ Discarded ☐

Aid for completion of YF surveillance and testing form

To avoid delay in obtaining results, please fill in all fields. If a field does not apply to a patient, please enter N/A.

Below are explanations of selected items on the form.

EPI number:

Please use the three-letter codes for Country, Admin 1 and Admin 2.
Use two-digit number for year (e.g. 24=2024) and 3-digit sample number for the year in your administrative area (eg 032)

_ _ _ COUNTRY _ _ _ ADMIN1 _ _ _ ADMIN2 _ _YEAR _ _ _SAMPLE

Refer to the table below for the designation of Admin 1 and Admin 2 for your country (you may choose to edit the form accordingly):

Country	Admin 1	Admin 2
Angola	Provincia	Municipio
Benin	Department	Commune
Burkina Faso	Région	District
Cameroon	Région	District santé
Côte d'Ivoire	Région	District
Central African Republic	Région	District santé
Chad	Région	District santé
Congo, Republic of	Région/Province	District santé
Democratic Republic of Congo	Province	Zone de santé
Equatorial Guinea	Provincia	Distrito
Ethiopia	Region	Zone/ Woreda
Gambia	Division	District
Ghana	Region	District
Guinea	Région	District sanitaire
Kenya	County	Sub-county
Niger	Province (Région)	District
Nigeria	State	Local government (NGA)
Senegal	Région/Province	District
Sierra Leone	Province	District
South Sudan	State	County
Togo	Region	District
Uganda	Health Region	District
Zambia	Province	District

Date of notification: This is the date the case notification is received from the Health Facility at the Central (Admin 2) level.

Patient address: Please use best description of how to locate the patient. If a street address is not applicable, include village, location in village, GPS coordinates etc.

YF vaccination: Proof may be a yellow card, or other written or electronic record available at the time of sample acquisition. If patient knows they have been vaccinated but a written record is not available for inspection, check “yes, no proof.” If known, include date of most recent vaccination.

Date of onset of symptoms: This may be the same as date of fever, but if patient had other symptoms before onset of fever, use the date they first became ill.

Interpretation – Laboratory only
YF Testing Algorithm for Routine Surveillance or Outbreak can be found on the WHO EYELABS website at https://www.technet-21.org/en/eye-labs/tools-and-guidance#GYFLaN